



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kazuko INUZUKA, et al.

Serial No: 10/662,780

Confirmation No: 1491

Filed: September 15, 2003

For: Synchronous Semiconductor Memory Device Of Fast  
Random Cycle System And Test Method Thereof

Art Unit: 2827

Examiner: Pham, Ly D.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
May 19, 2005

Date of Deposit

Juanita Soberanis

Name

Signature

05/19/05

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Response To Restriction Requirement.  
☒ Return Postcard.

The fee has been calculated as shown below:

TOTAL FEE HAS BEEN CALCULATED AS SHOWN BELOW:							
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	21	-	21 **	0	LG=\$50 SM=\$25	\$	\$ 0
INDEPENDENT CLAIMS FEE	6	-	6 ***	0	LG=\$200 SM=\$100	\$	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By: 

Troy M. Schmelzer  
Registration No. 36,667  
Attorney for Applicant(s)

Date: May 19, 2005

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Patent Application No. 10/662,780  
Attorney Docket No. 81790.0296

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**RESPONSE TO RESTRICTION REQUIREMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the office action dated April 20, 2005 setting forth a restriction requirement, applicant elects for prosecution the invention of Group I, drawn to claims 1-4 and 13-15 without traverse. Any fees due with this response may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: May 19, 2005

By: 

Troy M. Schmelzer  
Registration No. 36,667  
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